



Customer Return Materials Authorization

Request received by _____ Received on _____

Customer Details

Company	_____	Contact	_____
Address	_____	Phone	_____ Fax _____
	_____	Email	_____
City	_____	State	_____ Zip _____

Item	Model #	Quantity	Reason for Return	Invoice # (last 4 digits)	Date On Invoice
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For internal use only

RMA #	_____	Restocking fee	_____	Credit amount	_____
Issued by	_____	Return rec'd on	_____	Credit issued by	_____
Issued on	_____	Return rec'd by	_____	Credit issued on	_____
Good until	_____			Replacement sent	_____